

1072

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

09 MAR 10 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000061360

1. Limited Liability Company's Name

SPOTLIGHT MEDIA, LLC

2. Principal Office Address - No P.O. Box #

1451 W. CYPRESS CREEK RD

Suite, Apt. #, etc.

#300

City & State

FT. LAUDERDALE, FL

Zip

33309

Country

FLORIDA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

6/15/06

6. FEI Number

20-5064532

☐ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

OTHEL TURNER

Street Address (P.O. Box Number is Not Acceptable)

5787 WEST SUNRISE BLVD

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33313

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 3/2/09

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	KATHLEEN ALARCON	1451 W. CYPRESS CREEK RD	FT. LAUDERDALE, FL 33309

200145069742
03/05/09-01037-014 **416.25

REINSTATEMENT

2007-09

JB

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

Date 3/2/09

Daytime Phone #

Typed or printed name of signing Managing Member/Manager



.Turner

& Company, LLC.

A Personal Financial Management Co. Since 1975

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

March 2, 2009

Florida Department of State
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

RE: **SPOTLIGHT MEDIA, LLC**
ID# L06000061360

This letter is written as a request for abatement of the penalties for filing the annual report due to reasonable cause.

Neither the incorporators nor the managing member has ever received notice to file the report. They thought the accountant was taking care of all the corporate activities.

Enclosed is a check in the amount of \$416.25 which covers 3 years of annual report filing.

Please reinstate the above described entity. We will file the current year online.

Thanks for your help in this matter and reinstate the entity as soon as possible.

Sincerely,

Othel Turner, CEO
O.Turner & Co., Accountants